LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

November 16, 2010

C.L. *BUTCH* OTTER - Governor

RICHARD M. ARMSTRONG - Director

Mary Totten, Administrator Countryside Living Center Po Box 239 Mackay, ID 83251

Dear Ms. Totten:

On November 1, 2010, a follow-up visit to the State Licensure survey of 08/11/10, was conducted at Countryside Living Center. The core issue deficiencies issued as a result of the 08/11/10, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. You have been granted an extension on the correction of all outstanding Punch List items until December 30, 2010. If Countryside Living Center is still open on December 30, 2010, then evidence that the Punch List items have been corrected must be sent to our office by close of business that day.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/rjm



MEDICAID LICENSING & CERTIFICATION - RALF P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Countryside Living Center	Physical Address 4433 Beverland Road	Phone Number 208-588-2600
Administrator Mary Jane Totten	City Mackay	Zip Code 83251
Team Leader RaeJean McPhillips	Survey Type Follow-up	Survey Date 11/01/10

NON-CORE ISSUES

Item#	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	225	The facility did not evaluate all behaviors and did not clearly describe interventions for Resident #1's behaviors. **REPEAT**	OII,	Shoo
2	250.09	The "middle building" continues to have a strong persistent strong odor of urine. **REPEAT**	12/15	700
3	310.01.a	Both medication carts were left unlocked and unattended.	Kocin	
4 3	310.01.d	A redication aide did not observe a resident take their		
		medication · Repeat.		
Response 12/01/10	Required Date	Signature of Facility Representative Nary Sane Vollen	Date Signed	<u> </u>

BFS-686 March 2006

9/04